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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/580,652	09/25/2006	Hisayoshi Ito	2224-0260PUS1	5762
	7590 05/29/200 ART KOLASCH & BI	EXAMINER		
PO BOX 747	CH 3/A 22040 0747	MESH, GENNADIY		
FALLS CHURG	CH, VA 22040-0747		ART UNIT	PAPER NUMBER
			1796	
			NOTIFICATION DATE	DELIVERY MODE
			05/29/2009	ELECTRONIC

## Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

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Interview Summary	10/580,652	0/580,652 ITO, HISAYOSHI	
interview Summary	Examiner	Art Unit	
	GENNADIY MESH	1796	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Gennadiy Mesh</u> .	(3) <u>Garth Dalen</u> .		
(2)	(4)		
Date of Interview: 05 May 2009.			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	2)∏ applicant's representative	·]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) <u></u> No.		
Claim(s) discussed: <u>N/A</u> .			
Identification of prior art discussed: <u>N/A</u> .			
Agreement with respect to the claims f)☐ was reached. g	)∏ was not reached. h)⊠ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Applicant representative abandoned.</u>			
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTELE A STATEMENT OF THE SUBSTANCE OF THE INTELE Requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, V	been filed, APP ' DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
/Gennadiy Mesh/			
Examiner Art Unit 1796			

Application No.

Applicant(s)